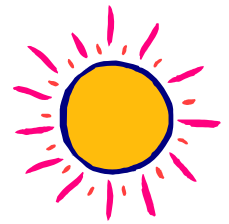




**SALMON BROOK PARK**  
**SUMMER PROGRAM REGISTRATION FORM**  
*PLEASE COMPLETE ONE (1) REGISTRATION FORM PER CHILD*



**PARTICIPANT NAME (Last, First)** \_\_\_\_\_  
**Nick Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_  
**DOB** \_\_\_\_\_ **Grade 9/06** \_\_\_\_\_ **School** \_\_\_\_\_  
**Address** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_  
**Parent/Guardian Name** \_\_\_\_\_  
**In Case of Emergency, Please Notify (grandparent, babysitter...):**  
**Name** \_\_\_\_\_ **Daytime**  
**Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**PROGRAM REGISTRATION**

**SALMON BROOK PARK MEMBERSHIP** \$ \_\_\_\_\_

Family \_\_\_\_\_ Adult \_\_\_\_\_ Youth \_\_\_\_\_  
Please name each person:

\_\_\_\_\_

**DAY CAMP** (Please complete medical form on back) \$ \_\_\_\_\_  
Specify ✓ either week 1 or week 2 of each session

**I** 6/19 \_\_\_\_\_ 6/26 \_\_\_\_\_ **II** 7/3 \_\_\_\_\_ 7/10 \_\_\_\_\_  
**III** 7/17 \_\_\_\_\_ 7/24 \_\_\_\_\_ **IV** 7/31 \_\_\_\_\_ 8/7 \_\_\_\_\_ **V** 8/14 \_\_\_\_\_ (\$25/day)

Day Camp \_\_\_\_\_ Half-Day Camp \_\_\_\_\_ Super Gang Camp \_\_\_\_\_ 'Tweens \_\_\_\_\_  
KinderCamp \_\_\_\_\_ KinderCamp All-Day \_\_\_\_\_ CIT – 1<sup>st</sup> Year \_\_\_\_\_ 2nd Year \_\_\_\_\_

➤ **LESS EARLY REGISTRATION DISCOUNT** (by 6/2) \$ \_\_\_\_\_  
➤ **LESS ADD'T'L FAMILY MEMBER** \$ \_\_\_\_\_

**TEEN SIZZLERS** \$ \_\_\_\_\_  
6/22 \_\_\_\_\_ 7/13 \_\_\_\_\_ 7/27 \_\_\_\_\_ 8/3 \_\_\_\_\_ 8/10 \_\_\_\_\_

**SWIM LESSONS** \$ \_\_\_\_\_  
Jr. Lifeguard 1<sup>st</sup> Year \_\_\_\_\_ 2<sup>nd</sup> Year \_\_\_\_\_  
Community Water Safety, Sat., 6/19 & 6/26 \$ \_\_\_\_\_  
Swim Lessons Swim Level \_\_\_\_\_ Need testing \_\_\_\_\_  
**I** 6/19 - 6/30 \_\_\_\_\_ **II** 7/3 - 7/15 \_\_\_\_\_ (No 4<sup>th</sup> but Sat., 7/15)  
**III** 7/17 - 7/28 \_\_\_\_\_ **IV** 7/31 - 8/11 \_\_\_\_\_

**NON-RESIDENT FEES** (\$5 per session/week per child per program) \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** I understand that in any activity there is an inherent amount of risk involved. Parent/guardian signature on this form indicates recognition of those risks, permission to participate and consent for the staff at Salmon Brook Park to secure emergency medical treatment in the event I cannot be reached.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

[FOR OFFICE USE ONLY] DATE REC'D \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

**MEDICAL CARD – For Day Camp Only**

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Age as of \_\_\_\_\_ Grade \_\_\_\_\_

DOB \_\_\_\_\_ 7/1/06 \_\_\_\_\_ 9/06 \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child Lives With: \_\_\_\_\_

The well being of your child is very important to us. Is there anything special you would like us to know about your camper? \_\_\_\_\_

Allergies (foods, smells, hay fever, poison ivy, insect bites, asthma, etc.) & medications: \_\_\_\_\_

What activities can your child NOT participate in? \_\_\_\_\_

Why? \_\_\_\_\_

What medications is your child currently taking? \_\_\_\_\_

What for? \_\_\_\_\_

List meds your child has to bring to camp: \_\_\_\_\_

**PLEASE NOTE:** The staff does NOT administer medications; if a camper is unable to administer them him/herself, a parent is required to come to camp to administer them.

**EMERGENCY AUTHORIZATION:** I understand that in any activity there is an inherent amount of risk involved. Parent/guardian signature on this form indicates recognition of those risks, permission to participate and consent for the staff at Salmon Brook Park to secure emergency medical treatment in the event I cannot be reached.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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